

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

CIVIL ACTION No.:03-cv-12573-EFH

BERNADINE T. GRIFFITH
Plaintiff

vs.

ONEBEACON INSURANCE COMPANY,
ONEBEACON AMERICA INSURANCE
COMPANY, MICHAEL A. SISTO, and
KAREN ALLEN HOLMES
Defendants

**EXHIBITS TO PLAINTIFF'S
VERIFIED COMPLAINT AND
DEMAND FOR JURY TRIAL**

Exhibit 9

CGU

ASSOCIATE DISCIPLINARY ACTION NOTICE

Associate's Name Bernadine Griffith

Job Title Programmer/Analyst II

Office/Department ITS



Written Warning



Probation/Final Warning

Reason for Warning:

State what essential functions of the associate's performance does not meet expectations, or what behavior or attendance issues do not meet standards or expectations. Include specific examples and dates.

Excessive absences and tardiness. Please see attached, page 35 of the Associate Relations, Associate Handbook.

Corrective Action:

Outline what the associate must do in order to improve a job performance to an acceptable level. State what constitutes acceptable performance as well as specific corrective actions needed to attain that level. Include dates and deadlines for completion of projects if appropriate. (Additional sheet(s) may be attached.)

To not be absent or tardy to work for a period of 90 days, or call in vacation days.

- 1) One week advance notice of Vacation Days
- 2) No absence from work
- 3) No tardiness

Consequences to corporation if performance/behavior is not improved:

Work has had to be reassigned to insure deadlines would be met. This reassignment causes hardship on other associates assuming the work.

Time Table: 90 Days

State when a review session will be held to determine the progress made on the corrective action(s) indicated. *Monthly, or immediately after a violation of the items listed in Corrective Action.*

Also state the maximum period of time allowed for improvement.

- ☐ _____ days
☐ 30 days
☐ 60 days
☒ 90 days
☐ Not Applicable

Consequences:

State what action will occur if the associate fails to improve performance to an acceptable level.

Probation / Final Warning

Have prior discussions been held with associate concerning the performance identified in this notice?

- ☐ No
☒ Coaching, Date(s): *Summer 1999 (prior manager), 11/5/00 addendum to 1999 PMP*
☐ Written Warning, Date(s):
☐ Probation Warning, Date(s):

Acknowledgement:

I have read this Disciplinary Action Notice and understand it. My supervisor has explained to me what corrective action I need to take and the length of time I have to make the required improvements. I understand what the consequences will be if I fail to meet the terms of this notice.

Comments by Associate:

Associate's signature indicates receipt of report only, not necessarily agreement with content.

Associate's Signature

[Handwritten Signature]

Supervisor's Signature

Date

5/23/00

Date

Human Resources

Date

Exhibit 16

CGU

ASSOCIATE DISCIPLINARY ACTION NOTICE

Associate's Name

Job Title

Office/Department

☐

Written Warning

☒

Probation/Final Warning

Reason for Warning:

State what essential functions of the associate's performance does not meet expectations, or what behavior or attendance issues do not meet standards or expectations. Include specific examples and dates.

Specific violation of the Disciplinary Action issued on 5/23/00. Vacation Day called in on 7/24/00.

Corrective Action:

Outline what the associate must do in order to improve a job performance to an acceptable level. State what constitutes acceptable performance as well as specific corrective actions needed to attain that level. Include dates and deadlines for completion of projects if appropriate. (Additional sheet(s) may be attached.)

To not be absent or tardy to work for a period of 90 Days, or call in vacation days.

- 1) One week advance notice of Vacation Days
- 2) No absence from work
- 3) No tardiness

Consequences to corporation if performance/behavior is not improved:

Unplanned absence causes hardship to other associates in group. See Disciplinary action of 5/23/00

Time Table: 90 Days

State when a review session will be held to determine the progress made on the corrective action(s) indicated. Monthly

Also state the maximum period of time allowed for improvement.

- ☐ days
☐ 30 days
☐ 60 days
☒ 90 days
☐ Not Applicable

Consequences:

State what action will occur if the associate fails to improve performance to an acceptable level.

Termination of Employment

Have prior discussions been held with associate concerning the performance identified in this notice?

- ☐ No
☐ Coaching, Date(s):
☒ Written Warning, Date(s): 5/23/00
☐ Probation Warning, Date(s):

Acknowledgement:

I have read this Disciplinary Action Notice and understand it. My supervisor has explained to me what corrective action I need to take and the length of time I have to make the required improvements. I understand what the consequences will be if I fail to meet the terms of this notice.

Comments by Associate:

Associate's signature indicates receipt of report only, not necessarily agreement with content.

Associate's Signature
[Signature]
 Supervisor's Signature
[Signature]
 Human Resources

Date
7/27/00
 Date
7/27/00